

# Board of Health Ice Rink Inspection Sheet

Date of Inspection: \_\_\_\_\_ Inspection Conducted by: \_\_\_\_\_

## Rink Information

Name of Rink: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: MA

Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Record Keeping Log

Is a Record Keeping Log kept by the rink? Y N

**Is the following information kept in this log? (Circle Y for yes, N for No or enter information)**

## Ice Resurfacing Equipment

Brand of ice resurfacer Y N

Age of resurfacer Y N

Fuel type: Gasoline Propane  
Natural Gas

Dates of tuning: Y N

Name, company and address of person  
performing the tuning Y N

Name, company and address of person  
performing repairs of maintenance  
on the ice resurfacer Y N

Manufacturer, type and date of installation  
of a catalytic converter Y N

Name, company and address of person installing  
or performing maintenance of the catalytic converter Y N

## Air Sampling Information

Date, location and time of every sample of carbon monoxide or nitrogen dioxide	Y	N
Results of air sampling in parts per million (ppm) for carbon monoxide and nitrogen dioxide	Y	N
Name of sampling devices	Y	N
Method for sampling carbon monoxide	colorimetric hand-held monitor in place chemical sensor computer chip	
Method for sampling carbon monoxide	colorimetric computer chip	
Signature of person performing the air sampling	Y	N
Description of correction measures taken for air levels above correction levels	Y	N
Results of carbon monoxide and nitrogen dioxide after correction measure implemented	Y	N
Date of last calibration and name of person performing the calibration	Y	N
Lot numbers of colorimetric tubes or computer chip sampling devices	Y	N

## Resurfacer Schedule

Number of resurfacing prior to inspection, that day? \_\_\_\_\_

Number of resurfacings per day:

Mon\_\_\_\_ Tues\_\_\_\_ Wed\_\_\_\_ Thur\_\_\_\_ Fri\_\_\_\_ Sat\_\_\_\_ Sun\_\_\_\_

## Type of Ventilation

Supply                      On      Off      Capacity (CFM) \_\_\_\_\_

Exhaust                      On      Off      Capacity (CFM) \_\_\_\_\_

## Size of Rink

Square feet: \_\_\_\_\_

Ceiling height: \_\_\_\_\_

## Indoor Air Test Results for Skating Rinks

Sample	Date	Time	Carbon Monoxide * ppm	Nitrogen Dioxide * ppm	Air Sample Device	Remarks
Outside Ambient Air						
20 Minutes After Resurface						
40 Minutes After Resurface						
60 Minutes After Resurface						
Immediately After Resurface						
20 Minutes After Resurface						
40 Minutes After Resurface						
60 Minutes After Resurface						

\*ppm = parts per million of air

## Indoor Air Levels for Carbon Monoxide and Nitrogen Dioxide

If an air sample **exceeds 30 ppm for carbon monoxide or 0.5 ppm for nitrogen dioxide**, the rink must take positive measures to decrease air concentrations of these contaminants below these standards.

If an air sample **exceeds 60 ppm for carbon monoxide or 1 ppm for nitrogen dioxide**, the rink must notify the local fire department, local board of health and the Bureau of Environmental Health Assessment within 24 hours of sampling..

If an air sample **exceeds 125 ppm for carbon monoxide or 2 ppm for nitrogen dioxide, EVACUATE THE RINK**, notify the local fire department, local board of health and the Bureau of Environmental Health Assessment.

The Bureau of Environmental Health Assessment can be contacted at (617) 624-5757 during work hours, or at (617) 522-3700 during the night or weekend.